

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

PLACE OF BIRTH

1. County of Pima
District of Puerco
Town of Rice
or
City of _____

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 191
County Registrar No. _____
Local Registrar No. _____

2. Full name of child Alice Swift (If birth occurred in a hospital or institution, give its NAME instead of street and number)
St. _____ Ward _____
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth 5 14 25
Month Day Year

8. FATHER
Full name Thomas Swift

9. Residence (Usual place of abode) Rice Ariz
If non-resident, give place and state.

10. Color or race 4/4 Indian 11. Age at last birthday 58 (Years)

12. Birthplace (city or place) Rice
(State or country) Ariz

13. Occupation
Nature of industry Shoemaker

14. MOTHER
Full maiden name Cora Talkhai

15. Residence (Usual place of abode) Rice Ariz
If non-resident, give place and state.

16. Color or race 4/4 Indian 17. Age at last birthday 36 (Years)

18. Birthplace (city or place) Rice
(State or country) Ariz

19. Occupation
Nature of industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead 8 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? no

Report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was born alive at (3) m. on the date above stated
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature R. H. Sawyer M.D.
Address San Carlos Ariz
(Physician or midwife).

Given name added from a supplemental report _____ Filed _____, 19____
Month, day, year _____ Local Registrar, _____

Registrar _____ Filed _____, 19____ County Registrar.

123-574-339